

**Last Chance for Arkansas Animals
(a.k.a. Last Chance Arkansas)
Adoption Application**

If this application is for a specific dog, what is the LRAS intake number and/or name of the dog?

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Contact Information

Name(s): (please list both if husband and wife)

Street:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Other Phone:

E-mail:

Driver's License Number:

State of Issue:

Date of Birth:

How long have you lived at this address?

If less than three (3) years, please provide your previous address:

Street:

City:

State:

Zip Code:

Occupation:

Employer:

Employer's complete address:

Other Residents

Do you live: Alone ☐ with a spouse ☐ with one or more roommates ☐

How many adults (18 or over) live at this address?

How many children (under 18) live at this address?

List the ages of all children who live at this address:

Does anybody at this address have allergies?

If yes, how are you certain that having a dog will not cause a problem for that person?

Does everybody who lives at this address want a dog?

Home

Do you live in a: House ☐ Apartment ☐ Condominium ☐ Mobile Home ☐

Approximately how large is your home? (square feet)

Do you have a fenced yard?

If yes, what type of fence?

How tall is your fence?

Approximately how large is your yard?

Where will the dog be kept during the day?

Where will the dog be kept at night?

If the dog will be kept outside at any time, describe his or her shelter in detail:

Do you: Own ☐ Rent ☐

If you rent, please provide the following information:

Do you have your landlord's permission to have a dog?

Can you provide a copy of your lease if requested?

Landlord's name:

Landlord's phone number:

May we contact your landlord?

Other Animals

Do you have any other dogs?

How many?

If yes, please list the breed, age and sex of each one:

Do you have any cats?

How many:

Have they ever been around a dog?

Are all your dogs and cats current on recommended vaccinations?

Are all your dogs and cats on heartworm prevention medication?

Are all your dogs and cats on flea and tick prevention?

Are all your dogs and cats sterilized?

If the answer to any question above is NO, please explain why in detail:

Do you have any other animals?

If yes, please list them below:

Please answer all of the following questions

Why do you want to adopt a dog?

How long will your dog be alone during the day while you are at work?

Where will he or she stay during this time?

Please describe how you will housebreak your dog:

How will you handle your dog's exercise needs?

How often do you travel?

Where will your dog stay when you are away from home?

Have you had any dogs or cats in the last five years that you do not still have?
If yes, what happened to them?

Have you ever surrendered an animal to an animal shelter? If yes, please explain why:

Do you realize a dog may live 15 years or more?

Do you understand that adopting a dog is a significant financial commitment (food, routine and emergency veterinary care, boarding, grooming, etc.)?

Are you willing and financially able to make this commitment?

Are you committed to keeping your dog and providing for him or her for the rest of his or her life?

If you have other animals (especially dogs), what will you do if this dog does not get along with them? What if this dog is aggressive towards your other dogs or your other dogs are aggressive towards this one?

How did you hear about Last Chance Arkansas?

References

Please provide two personal references that we have your permission to contact:

Name:

Phone number:

Name:

Phone number:

Please provide the following information for the veterinarian you plan to use:

Name:

Clinic Name:

Address:

Phone Number:

Are you a current customer of this veterinarian?

May we contact him or her?

DISCLAIMER

Last Chance for Arkansas Animals is an organization whose purpose is to find homes for animals that have either been lost or abandoned.

Last Chance for Arkansas Animals will see that the animals which are in its custody are treated kindly and are well cared for.

However, persons adopting any animal should take immediate action to see that the animal is immunized and otherwise checked for their current health status.

The adopting person understands that it is very important that animals already in their home be in good health and be current on immunizations to reduce the risk of contracting an illness or disease from the adopted animal. The adopting person is advised to consult with their veterinarian regarding any recommended quarantine period prior to letting the adopted animal have any contact with other animals already in the home.

The adopting person understands that most animals that Last Chance for Arkansas Animals are attempting to place are from an unknown situation, and have spent time in an animal control facility, and therefore may be fearful, nervous or have other characteristics that may be considered undesirable and the adopting person is prepared to work patiently with the adopted animal to overcome any such problems.

Last Chance for Arkansas Animals will try to identify any animal which seems to demonstrate aggressive behavior. However, all pets can act in ways which are unexpected.

Last Chance for Arkansas Animals advises the adopting person to treat newly adopted animals with care and attention to see what type of characteristics they demonstrate.

The adopting person understands that the temperament and disposition of any animal they adopt is completely unknown and not guaranteed at all. The adopting person assumes all responsibility for evaluating the animal and its suitability for their family.

Last Chance for Arkansas Animals makes no representations regarding the health or demeanor of any of the animals which it places for adoption and advises the adopting person to take all necessary care as their pet is adjusting to its new surroundings.

The adopting person also agrees to indemnify and hold harmless Last Chance for Arkansas Animals for any act or conduct of the animal after delivery of the animal to the adopting person.

Please initial here to indicate that you have read, understand and agree with this disclaimer:

Signature(s)

I have read the above information carefully and have filled out this application honestly. I understand that omission of information and/or failure to answer all questions honestly and completely can result in this application being denied. Also, if an omission or untruth is discovered after an adoption takes place, I understand that Last Chance for Arkansas Animals reserves the right to annul the adoption and reclaim the animal. I give Last Chance for Arkansas Animals permission to fully investigate the information provided including permission to contact references I have listed. If the application passes this review, I agree to a home and yard visit at a mutually agreed upon date and time by a Last Chance for Arkansas Animals volunteer before an adoption decision is made.

In addition, I understand that the adoption decision is dependent on many factors, including but not limited to the compatibility of the family and home to the individual animal, and other applications received for this animal. I understand it is Last Chance for Arkansas Animal's prerogative to decide which home is most appropriate and that their decision is final, and therefore I will not contest their decision. Unless otherwise indicated by Last Chance for Arkansas Animals, I will be free to apply and undergo the application process again in the future.

I agree that typing my name in the "Signature" space below, and sending this application to Last Chance for Arkansas Animals via electronic mail, constitutes my agreement with all provisions of this application just as if I had actually signed my name.

All adults who live in the household must sign below.

Signature:

Date:

Printed Full Name:

Signature:

Date:

Printed Full Name:

Signature:

Date:

Printed Full Name:

To submit this application

You can e-mail it to:

carrie@LastChanceArkansas.org

Or mail it to:

**Last Chance Arkansas
P.O. Box 242703
Little Rock, AR 72223**

Disposition (Last Chance for Arkansas Animals use only)

Date application received:

Application reviewed by:

References checked by:

Home visit conducted by:

Date:

Application ☐ APPROVED ☐ DENIED

Comments, including reason(s) for denial if appropriate: